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ABSTRACT

The author, believing that all therapies can have the goal of progessive awareness and growth toward self-actualization, discusses a multi-dimensional system of therapy based on the belief that each person is a unique human being seeking fulfillment. Actualization therapy is considered on two dimensions: (1) the philosophical dimension which includes underlying assumptions about man's nature and the actualization process; and (2) the research dimension. In this latter, the author views most psychotherapists as not adhering to a particular system of therapy, but as growing toward a unique style with definable parameters. A Therapeutic Rating Form with ten parameters is discussed and each parameter described: (1) caring; (2) ego-strengthening; (3) encountering; (4) feeling; (5) interpersonal analyzing; (6) pattern analysis; (7) reinforcing; (8) self disclosing; (9) value reorienting; and (10) re-experiencing. A study, carried out by the author, concluded that therapists tend to become emerging eclectics. The therapist so described is considered to be an actualization therapist. (TL)

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ACTUALIZATION THERAPY [1]

Everett L. Shostrom, Ph.D.

INTRODUCTION

I believe that the principal goal of all therapies can be progressive awareness and growth toward the actualizing person. This growth process stresses responsible social action within a self-fulfilling framework. The term "actualization" was used originally by Goldstein to describe the becoming process of the organism. This idea has been elaborated by writers such as Maslow, May, Rogers, and Perls. I use the concept of actualization in an attempt to avoid coining a new conceptual label when a suitable one has evolved through the therapeutic literature.

Actualization Therapy is a system of therapy based on the belief that each person is a unique human being seeking fulfillment. It is a multi-dimensional approach to assist the individual toward the goal of self-actualization. The terms of this definition are as follows:

(a) Self-Actualization is defined as the on-going process of growth toward experiencing one's potential.

(b) Potential is defined as one's ultimate capacity for creative expression, interpersonal effectiveness, and fulfillment in living.

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[1] Paper presented at American Psychological Association meeting, Miami Beach, September, 1970.

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(c) Multi-dimensional refers to the various means available for growth: (1) Individual therapy parameters or dimensions espoused by "schools" of thought, and (2) Group therapy methods.

FUNDAMENTAL ASSUMPTIONS

We believe that any one theory is not yet sufficiently comprehensive or systematic enough to guide the therapist through the multitudinous problems he meets in every day practice. Blending concepts from Existential, Gestalt, Behavior Therapy, and Psychoanalysis, the Actualization Therapist places chief emphasis on the moment to moment growth process toward actualization. The here-and-now is the chief focus of the process. The key word which expressed this emphasis is "WIGO" (What Is Going On). From Maslow (1954) comes the emphasis on self-actualization as a reasonable goal for psychotherapy. From Buber (1951) comes the emphasis on the achievement of one's own "particularity" and the growth of his unique, unprecedented and never-recurring potentialities. Self-Actualization and not Self Concept Actualization is the goal. The person who tries to become self-concept actualized is simply trying to be some phony ideal and not himself. In the latter, the patient becomes what he is -- he discovers his unique identity and then risks being it.

Because the individual must learn Actualization in an inter-personal setting, the actualization group, the encounter

group, or group therapy becomes a primary means by which growth toward actualization takes place. The patient learns the fundamental principle that "the group is the individual turned inside out." By observing the various manipulative patterns of members of the group, the individual learns to see the manipulative patterns in himself and the potentials that can grow from these manipulative processes.

Another fundamental thesis is that out of the seeds of manipulation grows actualization. The problem of change is not one of change from mental illness to mental health, but rather a change from deficiency to fulfillment; from deadness to aliveness. Therapy is seen as fundamentally a process of educating the potential within and has little to do with the medical model of illness. To actually believe that out of one's manipulations will come actualization is to develop hope. As Erik Erikson (1964, p. 112) says, "We recognize...an inner affinity between the...deepest mental disturbances and a radical loss of a basic kind of hope." For years now, it has been clear that such hope has been missing in contemporary psychiatry and psychology.

Actualization Therapy, therefore, is a positively oriented system of therapy with innovative features, particularly designed to motivate clients to move toward actualizing goals. I believe elements of this approach may be utilized by all therapists, regardless of their particular persuasion.

Dimensions of Actualization Counseling and Psychotherapy

I see two dimensions underlying the actualization point of view. (1) A philosophical dimension is an essential consideration because of the emphasis on goals of actualization. We have a model of the kind of person who evolves in this growth process. This model incorporates a series of value judgements about the human condition. (2) A research dimension is essential to the actualization point of view. The counselor is a true scientist; curious, critical, truthful, logical, objective, and precise in this role, as opposed to his more subjective emotional functioning as a human participant in the client's actualization process. The actualization counselor must strive to reconcile these frequently contradictory roles through employing them in a kind of synergic alternating of awareness, or as a check and balance system.

The Philosophical Dimension

Counseling and psychotherapy, being such deeply human growth processes, constantly face questions of what values and goals to promote, how free the individual is or should be, and how much influence the actualization counselor should have on client values.

Actualization therapy is based upon the following assumptions and articles of faith:

1. Each person is an unique human being seeking actualization, even though he shares much "human nature" in common with others. A better term is Buber's "particularity"

principle, an unique "thou" seeking to be realized.

2. While the actualization principle has a futuristic quality in the "becoming" sense, it takes place in the moment-to-moment growth process. Hence, the present is the most important of the time modalities, and the "here and now" becomes the focus of the process.

3. While much of man's behavior is determined by his personal history and forces beyond his control, the actualization process assumes that his future is largely undetermined and that he has wide ranges of freedom to choose.

4. The assumption of freedom places corresponding responsibility on the person for his own actualization. He cannot depend upon others or blame others for his growth or lack of it. Even though growth takes place in a social context, he alone is responsible for his life.

5. While some primitive behaviors are reflexive, hence largely genetically determined, and some are the result of chemical or neurological changes, a fundamental assumption of actualization counseling is that social behavior is learned and changes in behavior follow the learning process.

6. Actualization is not achieved by direct determined thinking, meditation, or reading about the goals of growth, but in social interaction with a counselor, teacher, minister, group, friend, or family. The social interaction becomes the vehicle for the conditions of actualization such as honesty with feelings, awareness of self, freedom of expression, and trust in one's self and others.

7. Each personality contains the paradoxical state of polar opposites which are expressed and forced to awareness in the actualization process. Examples are the two polar dimensions of strength-weakness and anger-love. Manipulation may be defined as exaggerated manifestations of personality which are self-defeating (Shostrom, 1967). Such manipulations are illustrated by the helplessness and stupidity of the passive manipulator, or the bullying and conniving of the active manipulator.

8. Manipulative behavior can be transformed in therapy into actualizing behavior.[2] Homeostasis or inner balance can be restored. Instead of being manipulatively passive or active, the client becomes synergistically balanced: i.e., both strong and weak, assertive and caring. Self-actualized functioning requires full expression of basic personality potentials. (Shostrom, 1967).

Assumptions #7 and #8 above lead us also into the research dimension since research by Leary (1957), Barron, and Coffey on more than 5,000 cases showed that all of the generic interpersonal factors could be expressed as combinations of the four nodal points of strength-weakness and anger-love. Also, research on the Personal Orientation Inventory (1964) has shown actualizing behavior in charac-

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[2] "Manipulation vs. Actualization is grasping at merely one continuum for therapeutic growth. Analysts talk about "fantasy oriented" vs. "reality oriented" persons, Glasser about "irresponsible" vs. "responsible" individuals, and even the callowest hippy about "uptight" vs. "groovy" ways of relating to a nonsolipcistic world.

teristic of those persons having completed psychotherapy, and that such persons are more synergistically balanced on these polarities. More than 60 research studies on this instrument now attest to its value as a measure of therapeutic growth.[3]

The Research Dimension

It is becoming increasingly clear that most psychotherapists today do not adhere rigidly to a particular system or school of thought. Rather as he matures, each clinician seems to go through a process of professional growth toward an unique style with definable "parameters". We define therapeutic parameters as follows: Parameters are the dimensions of systematic counseling and psychotherapy which are adopted by a particular therapist. The resulting combination of parameters would be descriptive of his unique style or approach to counseling and psychotherapy. The technique of "parametric analysis" suggests that the growing practitioner commits himself to an unique combination of therapeutic parameters and applies them flexibly to the emerging therapeutic situation.

Levels of therapeutic growth: The author suggests that a particular therapist's specific parameters can be identified and profiled hierarchically at each developmental

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[3] A bibliography of all research studies published on the Personal Orientation Inventory is available from Educational and Industrial Testing Service, San Diego, California.

level. At each of the following developmental levels the growing therapist would probably show a significantly different profile.

1. General Level - He is heavily influenced by the parameters of his teacher or supervisor and they are superimposed on his general psychological background.
2. Personalized Level - He adapts his original training and further study to his own personality, evolving a more personalized parametric approach.
3. Stylized Level - Through his training and experience, he commits himself to selected stylized parameters which combine with his personality into an unique gestalt or style.
4. Expressive Level - He goes beyond his personal style to create unique parameters which he is confident are worth sharing professionally and worth risking critical evaluation by his colleagues.

Few practitioners achieve Level 4, having reached the peak of expression as a performer rather than as a creative writer.

Therapeutic Rating Form: A Therapeutic Rating Form with ten parameters is an example of an instrument to rate a particular therapist on the degree to which his approach manifests these parameters. Albert Einstein is alleged to have said, "Never ask anyone what he does, follow him around and see what he does"; so it seems that the therapist may perform differently from what he says he does, i.e., use

different parameters.

(1) Caring (C): It is the therapist's attitude of loving regard for the individual, whether expressed by unconditional warmth or aggressive critical caring. (For example, Fromm, 1962).

(2) Ego-strengthening (E): It is helping the person to develop his thinking, feeling, and perceptive ability so that he can cope with life more effectively. (For example, Kris, Hartmann, & Rapaport in Ford & Urban, 1963).

(3) Encountering (N): It is providing the experience of active encounter between person and therapist - each of whom is being and expressing his real feelings. (For example, May, 1958)

(4) Feeling (F): It is helping the person to experience, in a psychologically safe relationship, feelings which he has heretofore found too threatening to experience freely. (For example, Rogers, 1959).

(5) Interpersonal Analyzing (I): It is the analyzing by the therapist of the person's perceptions or manipulations of the therapeutic relationship, and therefore, of his other interpersonal relationships in life. (For example, Perls, 1951; Sullivan, 1953).

(6) Pattern Analysis (P): It is the analyzing of unworkable patterns of functioning and assisting in the development of adaptive patterns of functioning for the individual.(For example, Frankl, 1963; Shostrom, 1967).

(7) Reinforcing (R): The therapist rewards behavior that is growth-enhancing as well as socially adaptive, and punishes behavior that is negative or self-defeating. (For example, Ellis, 1962; Wolpe, 1958).

(8) Self-disclosing (S): It is the exposing by the therapist of his own adaptive and defensive patterns of living which encourages the person to do the same thing. (For example, Jourard, 1964; Maslow, 1954).

(9) Value Reorienting (V): It is the re-evaluation by the therapist of the person's loosely formulated value orientations (assumptions about self and others, etc.) which enables the patient to commit himself to examined and operational values. (For example, Brammer & Shostrom, 1968; Buhler, 1962).

(10) Re-experiencing (X): The therapist assists the person in re-experiencing of past influential learnings, and assists him in desensitizing the pathological effects of these learnings on his present functioning. (For example, Freud in Fenichel, 1945).

A study[4] confirms our general hypothesis that therapists tend to become emerging eclectics. Each of the therapists in the study utilized all of the parameters to some degree in his work as judged by forty raters. The therapists rated were

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4 Everett L. Shostrom, "Parametric Analysis in Psychotherapy" paper given at the American Psychological Association meeting, Washington, D.C., September, 1967. This paper was published by Shostrom and Riley (1968).

Carl Rogers, Fritz Perls, and Albert Ellis as they performed in the films "Three Approaches to Psychotherapy"[2]. Even Carl Rogers, whom many feel is the most parochial, included many parameters in his work. This study revealed the following:

1. Rogers scored highest on the aprameters of CARING and FEELING.
2. Perls scored highest on ENCOUNTERING, FEELING and INTERPERSONAL ANALYZING.
3. Ellis scored highest on VALUE RE-ORIENTING and PATTERN ANALYSIS.

Thus, it is possible for a supervisor of students in counseling or psychotherapy to describe a pattern of parameters which would give a clear picture of his particular style.

We do not feel that counselors and psychotherapists can explain the events of the interview by means of a single theoretical view of personality. In our opinion, no theory has been found so far to explain the process completely. Furthermore, clients respond differently to various approaches. Sometimes one approach works well in the initial phases when the need for support overshadows all other therapeutic efforts, whereas another client takes well to a highly interpretive approach

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[2] A typed transcript of Three Approaches to Psychology is available for research analysis from Psychological Films, 205 W. 20th St., Santa Ana, California. The price is $5.50, including tax and mailing. The film is also available for rent or sale by qualified instructors of psychology.

immediately. Also of significance is the fact that the counselor's theory must match his style of counseling. In other words, the psychotherapist must use a point of view and a psychotherapeutic style with which he feels comfortable and effective. The trend appears to be toward individual variations and toward the position we describe as "emerging eclecticism."

Thus, the actualization therapist is not so concerned about restraining his methodology but rather is an "emerging eclectic" in approach to technique. New innovative methods as they are developed, are all integrated with traditional methodology. The therapist's own personal growth requires that he continually evolve and emerge, and therefore, he is in continual growth, both personally and professionally.

The goal of actualizing living, however, must remain as the distinguishing characteristic of this approach. The whole point to growth is to become one's true individual personhood, to realize all the potentials within one's self, and to become actualized into a responsible, fulfilled human being.

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